



RIDING LESSON WAITING LIST

Student Name:

Student Age: and Height

Returning Student:

YES NO

Brief Description
of Previous Riding
Experience:

ADDRESS

CITY

PROVINCE

POSTAL CODE

() _____
DAY PHONE

() _____
EVENING PHONE

EMAIL ADDRESS

RIDER LEVEL

PRIVATE OR SEMI-PRIVATE

BEGINNER

GROUP
LESSONS

NOVICE

INTERMEDIATE

ADVANCED

PREFERRED LESSON TIME:

Weekday Morning Weekday Afternoon Weekday Evening Weekend Morning Weekend Afternoon

****IMPORTANT****

To ensure your name remains on the waiting list, please notify us of any contact information changes as they occur.

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